

PERSONAL HISTORY STATEMENT

On-Line Version

**KILLEEN POLICE DEPARTMENT
ACADEMY TRAINING CENTER
2408 E. Rancier Avenue
Killeen, Texas 76543
(817) 554-6300**

Name of Applicant

For Office Use Only

Date Issued: _____
Time Issued: _____
Date Returned: _____
Time Returned: _____

RETURN TO: _____

Your Personal History Statement **will not** be
accepted after:

Day: _____

Date: _____

Time: _____

IMPORTANT - DEADLINE INFORMATION

NOTICE

READ BEFORE YOU BEGIN FILLING OUT THIS FORM

This Personal History Statement must be completed by you **in your own handwriting** and must be returned by the Day, Date and Time printed above. If you cannot complete this form and return it to the Academy Training Center by the Deadline established on this form, you will be considered to have **FAILED** and no further action will be taken with your application.

Please read all instructions carefully before writing in this Personal History Statement.

Any willful omissions, deceptions, or false information will be considered an absolute disqualifier and you will have **FAILED** this part of your selection process and will not be processed further for the position you are applying for, whether the matter is discovered now or at a later phase of the selection process.

1

INSTRUCTIONS**READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a Background Investigation that will determine your eligibility for employment.

Answer all questions to the best of your ability.

- Your Personal History Statement should be printed, **in your own handwriting** legibly in **black** ink. Do not type your answers, we are interested in your handwriting skills.
- Print your name at the top of each page in the space provided.
- If a question does not apply to you, enter N/A in the space provided. Leave no empty lines.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct mailing addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, complete the extra supplemental pages attached to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- All requested documents must be submitted with this Personal History Statement when you return it to the Academy Training Center. No exceptions or waivers will be allowed.

NOTICE

YOU MUST SUCCESSFULLY COMPLETE AND TIMELY RETURN THIS PERSONAL HISTORY STATEMENT IN ORDER TO PROCEED TO THE NEXT PHASE OF YOUR SELECTION PROCESS. LISTED BELOW ARE SOME, BUT NOT ALL OF THE AREAS WHICH WILL CAUSE YOU TO FAIL IN THE PROCESS.

- Failure to turn in Personal History Statement and requested documents by the Deadline established on the cover page of this form.
- Any willful omissions, deceptions or false information will be considered an absolute disqualifier and you will have FAILED this part of your selection process and will not be processed further for the position you are applying for, whether now or at a later phase of the selection process.

I HAVE READ THE ABOVE NOTICE, AND ALL INSTRUCTIONS, AND UNDERSTAND THAT I WILL TO THE BEST OF MY ABILITY COMPLETE THIS PERSONAL HISTORY STATEMENT WITH TRUTHFUL AND ACCURATE INFORMATION. I FURTHER UNDERSTAND THAT IF I WILLFULLY AND INTENTIONALLY OMIT INFORMATION REQUESTED IN THIS PERSONAL HISTORY STATEMENT, I WILL HAVE FAILED IN THE SELECTION PROCESS AND NO FURTHER ACTION WILL BE TAKEN WITH MY APPLICATION. I UNDERSTAND THAT I MUST RE-APPLY FOR THIS POSITION IF I DO FAIL.

Applicant's Signature

2

APPLICANT IDENTIFICATION

Information provided in this section is used for identification purposes only.

Last Name		First Name		Middle Name	
Home Address (complete mailing address)					
Business Address (complete mailing address)					
Home Telephone Number () -			Business Telephone Number () - ext.		
Date of Birth		Place of Birth			
		City	County	State	
Social Security Number		Are you a U.S. Citizen ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License Number	State of Issue
Height	Weight	Color of Eyes		Color of Hair	
Scars, Tattoos or Other Distinguishing Marks					
Nickname (s), Maiden Name, or other Names by which you have been known					

RESIDENCES

List all addresses where you have lived during the past ten (10) years, beginning with your present address. List date by month and year (example: 10/91). Attach supplemental page if necessary.

[illegible]

4

WORK HISTORY

Beginning with your present or most recent job, list all employment since the age of sixteen (16), including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach supplemental page if necessary.

From	To	Employer (Business Name)	
Business Address (complete mailing address)		Business Phone Number () -	
Your Last Name at time of employment		Job Title	
Duties			
Reason for Leaving			
Supervisor		Name of Co-Worker	
From	To	Employer (Business Name)	
Business Address (complete mailing address)		Business Phone Number () -	
Your Last Name at time of employment		Job Title	
Duties			
Reason for Leaving			
Supervisor		Name of Co-Worker	
Continue Work History on next page...			

4

WORK HISTORY - Continued

From	To	Employer (Business Name)	
Business Address (complete mailing address)		Business Phone Number () -	
Your Last Name at time of employment		Job Title	
Duties			
Reason for Leaving			
Supervisor		Name of Co-Worker	
From	To	Employer (Business Name)	
Business Address (complete mailing address)		Business Phone Number () -	
Your Last Name at time of employment		Job Title	
Duties			
Reason for Leaving			
Supervisor		Name of Co-Worker	
Continue Work History on next page...			

4

WORK HISTORY - Continued

From	To	Employer (Business Name)	
Business Address (complete mailing address)		Business Phone Number () -	
Your Last Name at time of employment		Job Title	
Duties			
Reason for Leaving			
Supervisor		Name of Co-Worker	
From	To	Employer (Business Name)	
Business Address (complete mailing address)		Business Phone Number () -	
Your Last Name at time of employment		Job Title	
Duties			
Reason for Leaving			
Supervisor		Name of Co-Worker	
Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Service From: _____ To: _____	
Branch of Service - If more than one list all		Unit Designation - Last Duty Assignment	
Highest Rank Held		Military Service Number	
Type of Discharge from the U.S. Armed Forces			

4

WORK HISTORY - Continued

Were you ever disciplined while in the Armed Forces (including court-martial, captain's masts, company punishment, etc.)? ☐ Yes ☐ No

Charge	Type of Hearing	Date	Age at Time	Disposition

If you received a discharge other than honorable, give complete details below

5

EDUCATIONAL HISTORY

High School Attended	City & State	Dates Attended From To		Graduated Yes No	
<div></div> <div></div> <div></div>					
College or University Attended		City & State			
Dates Attended		Units Completed	Major / Minor		
Degree Received, if any and Date Received					
College or University Attended		City & State			
Dates Attended		Units Completed	Major / Minor		
Degree Received, if any and Date Received					
College or University Attended		City & State			
Dates Attended		Units Completed	Major / Minor		
Degree Received, if any and Date Received					
List other Schools attended (Trade, Vocational, Business, etc.). Give name & address, dates attended, course of study, certificate, and any other pertinent information					

6

SPECIAL QUALIFICATIONS AND SKILLS

This area is your opportunity to list any specialized training you may have received.

List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration

List any specialized machinery or equipment which you can operate

If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair)

LanguageReadingSpeakingUnderstandingWriting

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

List any other special skills or qualifications you may possess

7

ARRESTS, DETENTIONS AND LITIGATIONS

This section is important. You must list any and all arrests, detentions and litigations. Your records will be checked by a Background Investigator and documented in the Background Investigation.

Were you ever arrested as a Juvenile? (16 years of age or under) <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what was the charge(s) _____			
Were you ever processed in a Juvenile Court? <input type="checkbox"/> Yes <input type="checkbox"/> No Disposition of your case(s) _____			
Have you ever been arrested, detained by police or summoned into court (do not include traffic tickets)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following:			
<u>Offense</u>	<u>City & State</u>	<u>Date</u>	<u>Disposition of Case</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Have you ever been convicted for any offense? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been on Probation for any offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you were placed on Probation, list the Offense and how long you were on Probation.			
If you were placed on Deferred Adjudication or Community Supervision, list the Offense and date(s).			
Have you ever been arrested for a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever done anything that you could have been arrested for had you gotten caught? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been arrested for Driving While Intoxicated or Driving under the Influence of Drugs? (DWI/DUID) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other than traffic citations, have you ever been fined for any Offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much fine did you pay? _____			
Have you ever been a party in Civil Litigation? (Include Divorces and/or Custody Suits) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes to any of the above, give details below. Attach other sheets as necessary.			

8

TRAFFIC RECORD

This section is important. You must list any and all information relating to your driving record. Your records will be checked by a Background Investigator and documented in the Background Investigation.

Has your Driver's License ever been suspended or revoked?

☐

Yes

☐

No

What is the name of your Insurance Company and is it current?

Have you ever held or do you presently hold a Drivers License in another state?

☐

Yes

☐

No

State _____

Date it expired _____

List to the best of your memory all driving citations (tickets) you have received excluding Parking Tickets

Month & YearChargeCity & StateDisposition

Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations

9

MARITAL AND FAMILY HISTORY

This section addresses your Marital and Family History. Be complete and accurate with your answers. Include all information requested. We will contact many of these sources for information to include in your Background Investigation.

Are you currently:

☐

Single

☐

Married

☐

Divorced

☐

Engaged

☐

Separated

☐

Widowed

If engaged, list name of fiancée, address and phone number.

If married:

Date _____ City and State _____

Spouse's name (Wife's maiden name) _____

If ever separated, divorced or widowed:

Date of marriage(s) _____

City and State _____

Spouse's name(s)
(Wife's maiden name) _____

Date of order
or decree(s) _____

Court and State
where issued _____

List all children related to you or your spouse (natural, step-children, adopted & foster children).

<u>Name</u>	<u>Relation</u>	<u>DOB</u>	<u>Address</u>	<u>Supported by Whom</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MARITAL AND FAMILY HISTORY

List all other dependents (someone who lives with you or receives 50% of their support from you).

<u>Name</u>	<u>Address</u>	<u>Relation</u>

List other relatives in the following order: Father, Mother (include maiden name), Brothers & Sisters.
If deceased, so indicate in Age column.

<u>Name</u>	<u>Address</u>	<u>Relation</u>	<u>Age</u>

10

FINANCIAL

Complete this section with accurate information; it will be verified by a credit check performed in the Background Investigation. Include account numbers and correct addresses. Income from spouse should be reported in applicable sections.

What is your present salary or wages?	
Do you have income from any source other than your principal occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered Yes, how much?	How often?
What is the source of this additional income?	
Do you own any Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No Value _____	
Location of Real Estate (Address)	
Do you own any bonds, government or other? <input type="checkbox"/> Yes <input type="checkbox"/> No Value _____	
Do you own any corporate stock? <input type="checkbox"/> Yes <input type="checkbox"/> No Value _____	
Do you have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No Value _____	
Savings Account Average balance _____	Name & Address of bank
Checking Account Average balance _____	Name & Address of bank
List any other type of income you have earned that is not addressed in the above areas. _____ _____ _____ _____ _____ _____	

12

REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives or employers (former or current). Attempt to list local persons first, then out of state. Include current mailing addresses and telephone numbers.

Name	Address	
<hr/>		
Residence Phone	Business Phone	Years known
<hr/>	<hr/>	<hr/>
Business Address		
<hr/>		

Name	Address	
<hr/>		
Residence Phone	Business Phone	Years known
<hr/>	<hr/>	<hr/>
Business Address		
<hr/>		

Name	Address	
<hr/>		
Residence Phone	Business Phone	Years known
<hr/>	<hr/>	<hr/>
Business Address		
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Name	Address	
<hr/>		
Residence Phone	Business Phone	Years known
<hr/>	<hr/>	<hr/>
Business Address		
<hr/>		

Name	Address	
<hr/>		
Residence Phone	Business Phone	Years known
<hr/>	<hr/>	<hr/>
Business Address		
<hr/>		

13

MEMBERSHIP IN ORGANIZATIONS

List all organizations in which you have ever been a member. Include all past and present memberships. This includes Professional, Social, Fraternal, and Religious.

<u>Name and Address</u>	<u>Type of Organization</u>	<u>From</u>	<u>To</u>

Have you ever been a member of any terrorist, subversive, or any organization that advocates the overthrow of the United States Government by violence? ☐ Yes ☐ No

If Yes, what organization and details of participation.

14

ALCOHOL / DRUG

Complete the table below and answer all questions accurately and completely.

Describe in your own words the frequency and extent of your use of intoxicating liquors.

Have you ever used, sold, experimented with, or provided another with any of the following illegal drugs?

Illegal Substances	YES or NO	Number of times in life	Last time used	Form(s) of Drug(s)	Used, Sold, Experimented, Provided
Marijuana					
Hashish					
Speed (Meth)					
Heroin					
L.S.D.					
Cocaine					
"Crack" Cocaine					
Ecstasy ("XTC")					
Peyote					
Mushroom					
Qualude					
Tranquilizer					
Any Designer Drug					
Steroids					
P.C.P.					
Inhalants					
Other Illegal Drugs					

Have you ever taken Amphetamines, Barbiturates, or any other Controlled Medication not prescribed to you?

☐ Yes ☐ No

What	Number of times in life	Last time - Month / Year

15

LICENSED PEACE OFFICERS AND APPLICATION FOR OTHER POLICE DEPARTMENTS

This section is to be completed if you are a Licensed Peace Officer, or if you have been employed by or applied with other Police Departments or with the Killeen Police Department in the past.

Have you ever applied with this department or any other law enforcement agency?

☐ Yes ☐ No

Agency, City, State	Date	Outcome	If rejected, why?

Have you ever been employed by a law enforcement agency?

☐ Yes ☐ No

Agency, City, State	Date	Position	Reason for leaving?

List any suspension(s), disciplinary action(s) while employed at above agency.

Agency, City, State	Date	Outcome	Reason?

Are you currently licensed with any state agency as a peace officer?

Agency _____ ☐ Yes ☐ No

What Agency or Academy did you attend in order to obtain your license?

Date(s) Attended _____ State _____

PERSONAL DECLARATIONS

It may become necessary for you to take a human life in the course of your duties as a Police Officer. Do you hold any beliefs that would prevent you from doing so?

☐

Yes

☐

No

If yes, explain,

We endeavor to accommodate our employees' religious observances, however that accommodation is subject to manpower requirements and public safety concerns. Do you have any religious, customs, or other beliefs which would prevent you from fully performing the duties of a Police Officer, such as taking your turn working on weekends, evening or night shifts?

☐

Yes

☐

No

If yes, explain

Are there any incidents in your life or details not mentioned within this Personal History Statement which may be relevant to this Department's evaluation of your suitability for employment as a Police Officer?

☐

Yes

☐

No

If yes, explain

I hereby certify that there are no willful misrepresentations, deceptions, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such will subject me to dismissal from the selection process.

Signature of Applicant

Date

ADDITIONAL INFORMATION TO SECTION

Page Number

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